Image# 13964521094 PAGE 1 / 32

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		T Authorized				Office Use O	nly				
1. NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼		mple: If typir the lines.	ng, type	12FE4M	5					
American Academy of F	amily Physiciar	ns Political	Action Co	ommittee							
<u> </u>											
ADDRESS (number and street)	1133 Connecticut Ave	enue, NW									
Check if different	Suite 1100	Suite 1100									
than previously reported. (ACC)	Washington		DC	20036							
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦			STATE A	ZIP	CODE A				
C C00411553		3. IS THIS REPORT		N) OR		MENDED A)					
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Au	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)				
(a) Quarterly Reports:		Mar 20 (M3)		lun 20 (M6)	H	o 20 (M9)	Dec 20 (M12) (Non-Election Year Only)				
April 15 Quarterly Report (Q1)	<u>                                   </u>	Apr 20 (M4)		Jul 20 (M7)		t 20 (M10)	Jan 31 (YE)				
July 15 Quarterly Report (Q2)	(c) 12-Day  PRE-Election		Primary (12P		Genera		Runoff (12R)				
October 15 Quarterly Report (Q3)	Report for	tne:	Convention (	120)	Special	(125)					
January 31 Year-End Report (YE)		Election on	M = M /	D   D /	Y . Y . Y		the ate of				
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elec		General (300	3)	Runoff	(30R)	Special (30S)				
Termination Report (TER)	Report for	Election on	M = M /	D D /	Y Y Y Y		the ate of				
5. Covering Period 06		2013	through	06	30	2013	Y				
I certify that I have examined this	Report and to the b	est of my know	wledge and b	pelief it is tru	e, correct a	nd complete.					
Type or Print Name of Treasurer	Hugh W Taylor WD										
Signature of Treasurer  Hugh M	Taylor MD		[Electronically	Filed]	ate 08	M / 16	2013				
NOTE: Submission of false, erroneon	us, or incomplete info	rmation may su	bject the pers	son signing th	is Report to	the penalties of	f 2 U.S.C. §437g.				
Office Use Only							ORM 3X 12/2004				

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Academy of Family Physicians Political Action Committee

2013 06 30 Report Covering the Period: 2013 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 402087.22 January 1, 2013 (b) Cash on Hand at 383697.27 Beginning of Reporting Period.....

42721.90 267266.77

16832.25

0.00

Cash on Hand at Close of
 Reporting Period
 (subtract Line 7 from Line 6(d)).......

Total Disbursements (from Line 31)......

(c) Total Receipts (from Line 19) .....

357807.62

357807.62

222987.17

625074.39

Debts and Obligations Owed **TO** the Committee (Itemize all on
 Schedule C and/or Schedule D) ......

 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....

7				0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Family Physicians Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period					
. Contributions (other than loans) From:	-					
(a) Individuals/Persons Other						
Than Political Committees	40740.00	150668.81				
(i) Itemized (use Schedule A)	10746.39	150068.81				
(ii) Unitemized	5244.32	62641.16				
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	15990.71	213309.97				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	7	7				
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry						
	15990.71	213309.97				
Totals to Line 33, page 5)	10000.11					
. Transfers From Affiliated/Other	0.00	0.00				
Party Committees	0.00	0.00				
. All Loans Received	0.00	0.00				
. All Loans neceived		9 9				
. Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures	0.00	0.00				
(Refunds, Rebates, etc.)	841.54	2177.20				
(Carry Totals to Line 37, page 5)	011.01	2177.20				
Refunds of Contributions Made						
to Federal Candidates and Other	0.00	7500.00				
Political Committees	0.00	7500.00				
. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
. Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
Г	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
(c) Total Haristons (add To(a) and To(b)).	0.00	0.00				
. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	16832.25	222987.17				
. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	16832.25	222987.17				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	721.90	3048.44
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	721.90	3048.44
22.	Transfers to Affiliated/Other Party		
23	CommitteesContributions to	0.00	0.00
-0.	Federal Candidates/Committees and Other Political Committees	42000.00	263500.00
24.	Independent Expenditures	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	718.33
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.20	
	(add Lines 28(a), (b), and (c))▶	0.00	718.33
29.	Other Disbursements	0.00	0.00
RΛ	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	200	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	2.22	0.00
	With Federal Funds	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	42721.90	267266.77
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	42721.90	267266.77
	from Line 31)	42721.90	201200.11

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures						
3. Total Contributions (other than loans) (from Line 11(d), page 3)	15990.71	213309.97				
4. Total Contribution Refunds (from Line 28(d))	0.00	718.33				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15990.71	212591.64				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	721.90	3048.44				
7. Offsets to Operating Expenditures (from Line 15, page 3)	841.54	2177.20				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-119.64	871.24				

**1mage# 13964521099** PAGE 6 / 32

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA

Transaction ID:

Amended to capture electronic payments inadvertently left off original report

Form/Schedule: Transaction ID:

FOR	PAGE		7	OF		32				
(check only one)										
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	13		14		15		16	6		17

	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full)	Neuralista de Britania de Compositorio de Comp	
/ American Academy of Family F	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial)  John W Aldis MD		Date of Receipt
Mailing Address 4911 River Rd		06 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2347848
Shepherdstown	WV 25443-5066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SAIC-Frederick	Medical Monitor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Timothy K Atkinson MD		Date of Receipt
Mailing Address 50 Leroy St		M = M / D = D / Y = Y = Y
Canton-Potsdam Hospital	Chair 7: 2	06 28 2013
City	State Zip Code	Transaction ID: C2362569
Potsdam	NY 13676-1786	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Justin V Bartos MD		Date of Receipt
Mailing Address 4300 Cagle Dr Ste 200		06 23 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : C2359887
North Richland Hills	TX 76180-8380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer	Occupation	
North Hills Family Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	252.00	
SUBTOTAL of Receipts This Page (optional)		792.00
		7 7 7
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		8	OF		32
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	X	11a		11b		11c		12	!		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial)  A. Karla L Birkholz MD		Date of Receipt
Mailing Address 6320B W Union Hills Dr Ste 2300		06 17 2013
City	State Zip Code	Transaction ID : C2352870
Glendale	AZ 85308-7112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Your Family Physician	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  3. Reid B Blackwelder MD		Date of Receipt
Mailing Address 4407 Leedy Rd		M = M / D = D / Y = Y = Y
201 Cassel Dr		06 10 2013
City	State Zip Code	Transaction ID : C2347849
Kingsport	TN 37664-2117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Quillen College of Medicine	Professor, Family Medicine	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  David Etcyl Blair MD		Date of Receipt
Mailing Address 7417 Old Lantern Dr SE		06 17 2013
City	State Zip Code	Transaction ID : C2352883
Caledonia	MI 49316-9004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Advantage Health Physician Network	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		715.00
TOTAL This Period (last page this line numbe	r only)	

FOR	PAGE		9	OF		32					
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NAME OF COMMITTEE (In Full)	he name and address of any political committee to Physicians Political Action Commit	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mary F Campagnolo MD  Mailing Address 1561 Route 38 Ste 6  City Lumberton  FEC ID number of contributing federal political committee.  Name of Employer  Virtua Medical Group, Marlton NJ  Receipt For:  Primary General Other (specify)	State Zip Code NJ 08048-2939  C  Occupation Physician  Aggregate Year-to-Date ▼  600.00	Date of Receipt  06 23 2013  Transaction ID : C2359888  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Lee Marvin Carter MD  Mailing Address PO BOX 506  City  Huntingdon  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 38344-0506  C  Occupation Physician  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Lisa Leigh Corum MD  Mailing Address 11501 Redwood Way  City  Louisville  FEC ID number of contributing federal political committee.  Name of Employer  Baptist Healthcare  Receipt For:  Primary  General  Other (specify)	State Zip Code KY 40223-2362  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u> </u>	565.00

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	he name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  Steven A Crawford MD  Mailing Address 900 NE 10th St  OU Physicians Family Medic  City Oklahoma City  FEC ID number of contributing federal political committee.  Name of Employer  University of Oklahoma  Receipt For:  Primary General Other (specify)	Cine Cent State Zip Code OK 73104-5420  C Occupation Physician Faculty  Aggregate Year-to-Date ▼ 2272.70	Date of Receipt  06 03 2013  Transaction ID: C2341161  Amount of Each Receipt this Period  454.54
Byron James Crouse MD  Mailing Address 5825 Osmundsen Ct  City Fitchburg  FEC ID number of contributing federal political committee.  Name of Employer University of Wisconsin  Receipt For:  Primary General Other (specify)	State Zip Code WI 53711-5146  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Jose M David MD  Mailing Address 804 Huntington Ct  City Albany  FEC ID number of contributing federal political committee.  Name of Employer  St Peters Health Partners Medical Asso  Receipt For:  Primary General Other (specify)	State Zip Code NY 12203-6015  C  Occupation Family Physician  Aggregate Year-to-Date ▼  1250.01	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	1236.21
TOTAL This Period (last page this line number	er only)	

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	13		14		15		16			17	

NAME OF COMMITTEE (In Full)  American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Thomas Allen Felger MD		Date of Receipt
Mailing Address 51181 Kings Xing		06 17 2013
City	State Zip Code	Transaction ID : C2353229
Granger	IN 46530-8812	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Wanda D Filer MD	•	Date of Receipt
Mailing Address 510 Aqua Ct		06 02 2013
City	State Zip Code	Transaction ID : C2341116
York	PA 17403-3623	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	350.00
Name of Employer	Occupation	
Strategic Health Institute	<u>'</u>	
Receipt For:	Family Physician	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) Jeffrey Scott Grove MD	·	Date of Receipt
Mailing Address 11 Baymont St Apt 1002		06 01 2013
City	State Zip Code	Transaction ID : C2341088
Clearwater	FL 33767-1720	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	1
Suncoast Family Medical Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
	·	1100.00

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

12 OF

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Carletta Hauck Date of Receipt Mailing Address Exec Dir - SD AFP 3912 Golf Course Rd 01 2013 City Zip Code State Transaction ID: C2341089 SD Watertown 57201-5412 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation SD AFP Exec Dir Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel J Heinemann MD Date of Receipt Mailing Address 1305 W 18th St 06 04 2013 City State Zip Code Transaction ID: C2341641 SD Sioux Falls 57105-0401 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Sioux Valley Health Systems Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thu Nguyen Howell Howell Date of Receipt Mailing Address 2222 Neilson Way 06 22 2013 Unit 301 City State Zip Code Transaction ID: C2359873 CA Santa Monica 90405-2281 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 285.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR	LINE	PAGE	1	13	OF	32			
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee  y Physicians Political Action Commit	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tochi I L Iroku-Malize MD  Mailing Address PO Box 369  City Islip FEC ID number of contributing federal political committee.  Name of Employer North Shore LIJ Health System Receipt For: Primary General Other (specify)	State Zip Code NY 11751-0369  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Elvin C Irvin MD  Mailing Address 555 E Cheves St  City Florence  FEC ID number of contributing federal political committee.  Name of Employer Baptist Health Care  Receipt For:  Primary General Other (specify)	State Zip Code SC 29506-2617  C  Occupation Physician  Aggregate Year-to-Date ▼  451.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Amr Sabry Kamhawy MD  Mailing Address 33358 Waterberry Cir  City Waukee  FEC ID number of contributing federal political committee.  Name of Employer  I.H.S.  Receipt For: Primary Other (specify)   Other (specify)	State Zip Code IA 50263-7011  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  06 17 2013  Transaction ID : C2352867  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional	al)	691.50
TOTAL This Period (last page this line nun	nber only)	

FOR	R LINE	NU	IMBER	:	PAGE	_ 1	14	OF	32
(che	eck only	or	ne)						
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	13		14		15		16	;	17

	statements may not be sold or used by any personner name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
/ American Academy of Family	Physicians Political Action Commit	tee 
Full Name (Last, First, Middle Initial)  A. Gregory King MD		Date of Receipt
Mailing Address 1120 Vail Rd		06 09 _ 2013 _
City	State Zip Code	Transaction ID : C2347645
Bennington	VT 05201-9597	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Primary Care Health Partners - VT, LLP	Physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Jerry E Kruse MD		Date of Receipt
Mailing Address 612 N 11Th St Ste B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	06 17 2013 Transaction ID : C2352873
Quincy	IL 62301-2662	Transaction ID : C2352873  Amount of Each Receipt this Period
	0200   2002	Amount of Lacif neceipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Southern Illinois University	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  C. Kevin K Kurohara MD		Date of Receipt
Mailing Address 75 Puuhonu Pl Ste 205		06 17 2013
City	State Zip Code	Transaction ID : C2352869
Hilo	HI 96720-2000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		915.00
TOTAL This Period (last page this line numbe	r only)	

FOF	LINE	LINE NUMBER: PAGE 15 OF								32
(che	ck only	or	ne)							
×	11a		11b		11c		12			
	13		14		15		16			17

American Academy of Family Physicians Political Action Committed  Full Name (Last, First, Middle Initial)  Robert B Laibstain MD  Mailing Address 6072 River Cres  City State Zip Code  Norfolk VA 23505-4707  FEC ID number of contributing federal political committee.  Name of Employer  TPMG - Newport News  Physician	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Daniel Scott Lewis MD  Mailing Address 35 Earlington Dr  City State Zip Code Greeneville TN 37743-8511  FEC ID number of contributing federal political committee.  Name of Employer Takoma Medical Associates  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Teresa Grossman Lovins MD  Mailing Address 4365 N Riverside Dr  City  Columbus  FEC ID number of contributing federal political committee.  Name of Employer  Columbus Regional Health  Receipt For:  Primary  General  Other (specify)   Aggregate Year-to-Date   365.00	Date of Receipt  M M M / D D M 2013  Transaction ID : C2362587  Amount of Each Receipt this Period  365.00
SUBTOTAL of Receipts This Page (optional)	715.00

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or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full)	he name and address of any political committee the Physicians Political Action Commit	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  John S Meigs MD  Mailing Address PO Box 289  100 Serendipity Dr  City Brent  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General Other (specify)	State Zip Code AL 35034-0289  C  Occupation Physician  Aggregate Year-to-Date ▼  575.00	Date of Receipt  06 17 2013  Transaction ID: C2353230  Amount of Each Receipt this Period  75.00
Full Name (Last, First, Middle Initial)  John S Meigs MD  Mailing Address PO Box 289  100 Serendipity Dr  City  Brent  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 35034-0289  C  Occupation Physician  Aggregate Year-to-Date ▼  575.00	Date of Receipt  06 28 2013  Transaction ID: C2362578  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial) Ranit Mishori MD  Mailing Address 2729 Dumbarton St NW  City Washington  FEC ID number of contributing federal political committee.  Name of Employer Georgetown University School of Medici Receipt For: Primary Other (specify)	State Zip Code DC 20007-3322  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt  19 2013  Transaction ID: C2354479  Amount of Each Receipt this Period  365.00
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	490.00
TOTAL This Period (last page this line number	er only)	

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American Academy of Family Phy  Full Name (Last, First, Middle Initial) Anne M Montgomery MD  Mailing Address 1708 S Martin St	Sicians Political Action Committe	<del></del>
		Date of Receipt
City	State Zip Code	06 24 2013 Transaction ID : C2359912
Spokane	WA 99203-3751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
' '	recupation	
Receipt For:  Primary  General  Other (specify) ▼	aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)  Dale C Moquist MD		Date of Receipt
Mailing Address 4318 Lake Walk Ct		06 08 2013
City Missouri City	State         Zip Code           TX         77459-3268	Transaction ID : C2347620  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Mamarial Family Madiaina Davidanay	amily Physician	
Receipt For:  Primary  General  Other (specify) ▼	nggregate Year-to-Date ▼ 454.55	
Full Name (Last, First, Middle Initial)  Lacktrian Javette C Orgain MD		Date of Receipt
Mailing Address PO Box 806527		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State         Zip Code           IL         60680-4126	Transaction ID : C2402528  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
	Occupation HYSICIAN	
Descipt Four	oggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)		465.91
TOTAL This Period (last page this line number only	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Leonard Daniel Reeves MD	mily Physicians Political Action Commit	
Mailing Address GA Health Sciences Heritage hall 415 E T	hird Avenue	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : C2347637
Rome	GA 30161	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
GHSU	Physician-Asst Dean	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr		M = M / D = D / Y = Y = Y
City	Stato Zin Code	06 10 2013
City	State Zip Code OH 45410-1315	Transaction ID : C2373709
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Wright State University BSM	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General  Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Porfirio Rodriguez MD	1	Date of Receipt
Mailing Address PO BOX 832		06 28 2013
City Rio Grande City	State Zip Code TX 78582-0832	Transaction ID : C2362573  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Family Health Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	500.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial)  Sarah L Sams MD		Date of Receipt
Mailing Address 2994 Frazell Rd		06 30 2013
City Hilliard	State Zip Code OH 43026-9785	Transaction ID : C2362690  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	122.00
Name of Employer  Ohio Health  Receipt For:	Occupation Physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 466.00	
Full Name (Last, First, Middle Initial)  Glen R Stream MD  Mailing Address 1708 S Martin St		Date of Receipt
City Spokane	State Zip Code WA 99203-3751	06 19 2013  Transaction ID : C2387100  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rockwood Clinic	Occupation physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Maureen P Strohm MD		Date of Receipt
Mailing Address 3835 Fairmeade Rd		06 28 2013
City Pasadena	State Zip Code CA 91107-2229	Transaction ID : C2362560  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer  Eisenhower Medical Center  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  365.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	737.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)	the name and address of any political committee  Physicians Political Action Commi	
Full Name (Last, First, Middle Initial)  Erica Williams Swegler MD  Mailing Address 300 N Rufe Snow Dr  City Keller  FEC ID number of contributing federal political committee.  Name of Employer Self Receipt For:  Primary General Other (specify)	State Zip Code TX 76248-4235  C  Occupation Physician  Aggregate Year-to-Date   386.36	Date of Receipt  06 20 2013  Transaction ID: C2373710  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Pamela W Tuck MD  Mailing Address 4135 Atlanta Hwy  City  Montgomery  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 36109-3022  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  06 30 2013  Transaction ID : C2362692  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Lloyd P Van Winkle MD  Mailing Address PO BOX 960  City Castroville  FEC ID number of contributing federal political committee.  Name of Employer  Self Receipt For: Primary General Other (specify)	State Zip Code TX 78009-0960  C  Occupation Physician  Aggregate Year-to-Date ▼  584.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line numb	<u>_</u>	188.77

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial)  Jane A Weida MD		Date of Receipt
Mailing Address 1011 Handsome PI		06 28 2013
City Lititz	State Zip Code PA 17543-9708	Transaction ID : C2362575  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer  Reading Hospital Famliy Medicine Resid	Occupation Family Physician/Faculty Associate	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Richard Andre Wherry MD  Mailing Address 59 Tipton Dr		Date of Receipt
City Dahlonega	State Zip Code GA 30533-1603	06 05 2013  Transaction ID : C2342972  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Chestatee Regional Hospital	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
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Name of Employer	Occupation	
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SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	r only)	10746.39

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 OF 32 (check only one)  11a 11b 11c 12 13 14 X 15 16 17
	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Academy of Family Pl	nysicians	Political Action Comm	nittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ıns		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy	,		06 24 2013
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID : C2403813  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		841.54
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2037.10	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
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	EMIZED DISBURSEMENTS	Use separate schedule(s) (check of					LINE NUMBER: PAGE 23 OF 32 ck only one)								
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SC	CHEDULE B (FEC Form 3X)	FOR LINE						F NUMBER: PAGE 24 OF 32										
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	Purpose of Disbursement Bank Card Processing Fee						۸				D:-	h		Davi	اء ہ			
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_	Full Name (Last, First, Middle Initial)													
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		Primary Other (spec	General											
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_	Full Name (Last, First, Middle Initial)													
В.	American Express						Date of	of Di	sburse	mer	nt			
	Mailing Address PO Box 53852						M 06	/		4	/ Y	2013	Y	
	City	State	Zip Code											
	Phoenix	AZ	85072-3852				Tran	sact	ion ID	: D	146950			
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	Full Name (Last, First, Middle Initial)						<b>5</b> .							
C.	American Express						Date of	of Di	sburse	mer				
	Mailing Address PO Box 53852				06	/	2		/ Y	2013	Y			
	City	State	Zip Code											
	Phoenix	AZ	85072-3852			_	Tran	sact	ion ID	: D	146951			
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 26 OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
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NAME OF COMMITTEE (In Full)		_		
American Academy of Family Phys	sicians Political Actio	on Committe	ee	
Full Name (Last, First, Middle Initial)				
A. American Express			Date of Disburseme	nt
Mailing Address PO Box 53852			06 24	2013
,	State Zip Code		Transaction ID : D	146952
Phoenix Purpose of Disbursement	AZ 85072-3852			
Bank Card Processing Fee			Amount of Each Dis	bursement this Period
Candidate Name		Category/ Type		11.86
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Senate	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. American Express			Date of Disburseme	nt
- American Express			M M / D D	/ Y Y Y Y
Mailing Address PO Box 53852			06 27	2013
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D	146953
Purpose of Disbursement Bank Card Processing Fee			Amount of Each Dis	bursement this Period
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		Type		1.37
Office Sought: House Disburser	ment For:			
Senate	Primary General			
State: President District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Bank Of America Merchant Service	es		Date of Disburseme	nt
Mailing Address WA2-505-01-40 PO Box 2485		06 03	2013	
	State Zip Code		Transaction ID : D	146057
Spokane Purpose of Disbursement	WA 99210-2485			
Bank card processing fee			Amount of Each Dia	bursement this Period
Candidate Name		Category/ Type	Amount of Each Dis	631.94
Office Sought: House Disburser	ment For:	Турс		7
Senate	Primary General			
President	Other (specify) ▼			
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TOTAL This Period (last page this line number only	)			721.90

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	27 OF	F 32
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	) (check only one)				. 🗖 -:	
		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	30
Any information copied from such Reports and Stater				on for the				
or for commercial purposes, other than using the nan	ne and addr	ess of any politi	cal committee to	solicit co	ntributions fr	om such c	ommitte	e
NAME OF COMMITTEE (In Full)			0 :					
American Academy of Family Phys	sicians P	olitical Acti	on Committ	ee				
Full Name (Last, First, Middle Initial)								
A. COMMITTEE FOR A LIVABLE FU	TURE				Disbursem			
Mailing Address 830 NE Holladay Street	06	20		2013				
Room 105						_		
City Portland	State OR	Zip Code 97232		Trans	action ID : I	D146416		
Purpose of Disbursement		91232						
Campaign contribution				Amount	of Each Di	sbursemer	nt this Pe	eriod
Candidate Name			Category/				2500.0	10
Office Sought: House Disburser	ment For:		Туре		7	-		
Senate Stagnic	Primary	General						
President	Other (spec	cify) 🔻						
State: District:								
Full Name (Last, First, Middle Initial)	TOMOD			Data of	Disbursem	ont		
B. LEADERSHIP FOR TODAY AND	LEADERSHIP FOR TODAY AND TOMORROW				/ D D		Y	
Mailing Address 625 3rd St NE Apt 2							2013	_
•	State	Zip Code		Trans	action ID :	D146131		
Washington Purpose of Disbursement	DC	20002-4942						
Campaign contribuion				Amount	of Each Di	sbursemer	nt this Pe	eriod
Candidate Name			Category/ Type		,	,	2500.0	00
	ment For:							
Senate President	Primary Other (spec	General						
State: District:	Outlot (opoc	,y) <b>▼</b>						
Full Name (Last, First, Middle Initial)								
C. ORRINPAC				Date of	Disbursem	ent		
Mailing Address 175 S. WEST TEMPLE SUITE 650	Mailing Address 175 S WEST TEMPLE SUITE 650						2013	
					20			
City SALT LAKE CITY	State UT	Zip Code 84101		Trans	action ID :	D146520		
Purpose of Disbursement	<u> </u>	07101						
Campaign contribution				Amount	of Each Di	sbursemer	nt this Pe	eriod
Candidate Name			Category/				2500.0	00
Office Sought: House Disburser	ment For:		Туре		7	7		-
Senate	Primary	General						
President	Other (spec	cify) 🔻						
State: District:								
OUDTOTAL of Disharmanna This Days (satisma)							7500.0	00
SUBTOTAL of Disbursements This Page (optional)			·····•	-			. 555.0	÷
TOTAL This Period (last page this line number only)	)					. 45	1 40	

SCHEDULE B (FEC Form 3X)	11		FOR LINE N	PAGE	GE 28 OF 3			
ITEMIZED DISBURSEMENTS	Use separate for each categorial		(check only one)					
	Detailed Sumi		21b 27	22 28a	X 23 28b	24 28c	25 29	26
Any information copied from such Reports and Stater	nents may not h	e sold or use						
or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full)								
American Academy of Family Phys	sicians Polit	ical Action	n Committe	ee e				
Full Name (Last, First, Middle Initial)			+					
A. JOHN D. DINGELL FOR CONGRE	-99			Date of	Disburseme	∍nt		
	_00			M M	/ D D		Y Y Y	
Mailing Address 607 14th Street, NW				06	20		2013	J
City	01-1-	Oct						
City S Washington		Code 005		Transa	action ID : [	D146414		
Purpose of Disbursement	20 20							
Campaign contribution				Amount	of Each Di	sbursemen	t this Pe	əriod
Candidate Name			Category/				0500	<b>1</b> 0
Rep. John D. Dingell			Type				2500.0	JU
	ment For: 2014							
Senate President	Primary Other (specify)	General						
State: MI District: 15	Other (specify)	▼						
Full Name (Last, First, Middle Initial)								
B. VOLUNTEERS FOR SHIMKUS				Date of	Disburseme	∍nt		
				M = M	/ D D	/ Y - Y	Y   Y   Y	
Mailing Address P.O. BOX 661				06	20		2013	_
•		Code		Trans	action ID : I	D146415		
COLLINSVILLE Purpose of Disbursement	IL 62	234						
Campaign contribution				Amount	of Each Di	sbursemen	t this Pe	eriod
Candidate Name			Category/	.54110	51	2201		_
Rep. John Shimkus			Type		,		2500.0	00
Office Sought: House Disburser	ment For: 2014							
	Primary	General						
President President President	Other (specify)	▼						
State: IL District: 19								
C. KURT SCHRADER FOR CONGRE	Full Name (Last, First, Middle Initial)					ent		
	NUN I SUNNADER FUR CUNGRESS						YYYY	
Mailing Address PO Box 3314	Mailing Address PO Box 3314						2013	
0.4	01-1	0.1						
		Code 045		Transa	action ID : I	D146419		
Oregon City Purpose of Disbursement	9/1	U-10						
Campaign contribution				Amount	of Each Di	sbursemen	t this Pe	eriod
Candidate Name			Category/	.54110	51		-	
Rep. Kurt Schrader			Type		-,		2500.0	JU
	ment For: 2014	] 0						
Senate President	Primary Other (specify)	General						
State: OR District: 05	Other (specify)	▼						
Time. Of Blomon 00								_
SUBTOTAL of Disbursements This Page (optional)							7500.0	)0
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TOTAL This Period (last page this line number only)	)					1 (0) 1	1 40	

S	CHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER	:	PAG	E 29	OF 32	
ITEMIZED DISBURSEMENTS			parate schedule(s) a category of the	(ch	eck only	· ·				06	
			Summary Page		21b 27	22 28a	23 28b	24 28c	25 29	26 30b	
A	ny information copied from such Reports and Statem	nents mav	not be sold or us	ed by a							
	for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full)			_	_						
	American Academy of Family Phys	icians	Political Action	on Co	mmitt	ee					
_	Full Name (Last, First, Middle Initial)						( D: :				
Α.	COMMITTEE TO ELECT MICHELI	_E LUJ	IAN GRISHA	M			f Disbursei				
	Mailing Address 2015 DIETZ PL NW					06	04		2013	Y	
	City	State	Zip Code			Trong	estion ID	. D145000			
	ALBUQUERQUE	NM	87107			Trans	saction ID	. D145990			
	Purpose of Disbursement Campaign contribution - 2012 primary debt					Amoun	t of Each	Disburseme	ent this	Period	
	Candidate Name			Cate					250	0.00	
	Rep. Michelle Lujan Lujan Grisham  Office Sought: House Disbursen		2042	Ту	ре		7	- 7	250	3.00	
	Senate	Primary	General			2012 P	rimary Deb	t			
		Other (sp	ecify) 🔻								
_	State: NM District: 01										
В.	Full Name (Last, First, Middle Initial)  ROGERS FOR CONGRESS					Date o	f Disbursei	ment			
٠.	ROOLING FOR CONGRESS					M = M	/ D		Y	Υ	
	Mailing Address PO Box 581						06 04 2013				
	City S Brighton	State MI	Zip Code 48116			Trans	saction ID	: D145991			
	Purpose of Disbursement		40110	-	_						
	Campaign contribution				. 11	Amoun	t of Each	Disburseme	ent this	Period	
	Candidate Name			Cate					100	0.00	
	Rep. Mike Rogers  Office Sought:   House   Disbursen	ont For:	0044	Ту	pe		7	7		5.55	
		Primary	General								
		Other (sp									
	State: MI District: 08										
	Full Name (Last, First, Middle Initial)										
C.	MIKE THOMPSON FOR CONGRE	SS				Date o	f Disbursei	ment			
	Mailing Address E420 Medican Avenue					M M M	/ 04		2013	Y	
	Mailing Address 5429 Madison Avenue					Ub	UZ		2013		
	City	State	Zip Code			Tear	antion ID	. D145000			
		CA	95841			irans	saction ID	. 145989			
	Purpose of Disbursement Campaign contribution										
	Candidata Nama					Amoun	t of Each	Disburseme	ent this	Period	
	Rep. Mike Thompson			Cate Ty					250	0.00	
	Office Sought:	nent For:	2014	.,			-	,			
		Primary	General								
	President	Other (sp	ecify) 🔻								
_	State: CA District: 01										
									6000	0.00	
L	SUBTOTAL of Disbursements This Page (optional)				···· <b>•</b>		7		6000	5.00	
١,	OTAL This Period (last page this line number only)										
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 30 OF 32	
ITEMIZED DISBURSEMENTS	Use separate schedule(s	)   FOR LINE (check only	TYOMBET.	
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	Dotailed Julillary Fage	27	28a 28b 28c 29 30k	
Any information copied from such Reports and State				
or for commercial purposes, other than using the nat	ne and address of any polit	ical committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
$ \; angle$ American Academy of Family Phys	sicians Political Acti	on Committ	ee	
Full Name (Last, First, Middle Initial)		I		
A. NANCY PELOSI FOR CONGRES	S		Date of Disbursement	
		M M / D D / Y Y Y Y		
Mailing Address 607 14th Street, NW			06 20 2013	
City	State 7:2 Oct			
City Washington	State Zip Code DC 20005		Transaction ID : D146418	
Purpose of Disbursement	20003			
Campaign contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	2502.22	
Rep. Nancy Pelosi		Type	2500.00	
	ment For: 2014			
Senate	Primary General			
State: CA District: 08	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. TIBERI FOR CONGRESS			Date of Disbursement	
TIDENT ON CONCRESS			M = M / D = D / Y = Y = Y	
Mailing Address 2931 E Dublin Granville Road	Mailing Address 2931 E Dublin Granville Road			
Ste 2000				
City	State Zip Code OH 43231		Transaction ID : D146524	
Columbus Purpose of Disbursement	OH 43231			
Campaign contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	0000 00	
Rep. Pat Tiberi		Type	2500.00	
	ment For: 2014			
Senate	Primary General			
State: OH District: 12	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. PAUL TONKO FOR CONGRESS			Date of Disbursement	
- I AGE TOTALO I ON CONCINESS		M M / D D / Y Y Y		
Mailing Address 911 Central Avenue			06 04 2013	
City	State Zip Code		Transaction ID : D146129	
Albany Purpose of Disbursement	NY 12206			
Campaign contribuion			Amount of Each Disbursement this Period	
Candidate Name		Category/		
Rep. Paul Tonko		Type	2500.00	
	ment For: 2014			
Senate	Primary General			
President	Other (specify) ▼			
State: NY District: 21				
CURTOTAL of Disharm and The D			7500.00	
SUBTOTAL of Disbursements This Page (optional).		·····	1.555.00	
TOTAL This Period (last page this line number only	)			
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SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 31 OF 32	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	INOMBETT.	
TI LIMIZED DIODOMOLINIEM TO	for each category of the Detailed Summary Page	` 21b	22 🗙 23 24 25 26	
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Any information copied from such Reports and Staten				
or for commercial purposes, other than using the name	e and address of any politi	cal committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
$ \; angle$ American Academy of Family Phys	icians Political Acti	on Committ	ee	
Full Name (Last, First, Middle Initial)				
A. ROSKAM FOR CONGRESS COM	MITTEE		Date of Disbursement	
		M M / D D / Y Y Y		
Mailing Address P. O. BOX 713			06 04 2013	
Cit.	State Zin Code			
City S WHEATON	State Zip Code IL 60187		Transaction ID : D146130	
Purpose of Disbursement	00107			
Campaign contribuion		1	Amount of Each Disbursement this Period	
Candidate Name		Category/	4000.00	
Rep. Peter Roskam		Type	1000.00	
	nent For: 2014			
Senate Y	Primary General			
State: IL District: 06	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. HOYER FOR CONGRESS			Date of Disbursement	
HOTEKT OK CONCRECO			M = M / D = D / Y = Y = Y	
Mailing Address 700 13th Street, NW	Mailing Address 700 13th Street, NW			
Ste 307				
City S Washington	State Zip Code DC 20005		Transaction ID : D146070	
Purpose of Disbursement	20005			
Campaign contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	0500.00	
Rep. Steny H. Hoyer		Type	2500.00	
	nent For: 2014			
Senate Y	Primary General			
State: MD District: 05	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. STIVERS FOR CONGRESS	Date of Disbursement			
- TIVEROTOR GONGREGO		M M / D D / Y Y Y Y		
Mailing Address 4679 Winterset Drive			06 20 2013	
-				
•	State Zip Code OH 43220		Transaction ID : D146413	
Purpose of Disbursement	43220			
Campaign contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	2500.00	
Rep. Steve Stivers		Type	2500.00	
	nent For: 2014			
Senate	Primary General			
State: OH District: 15	Other (specify) ▼			
State. OH District. 15				
SUBTOTAL of Disbursements This Page (optional)			6000.00	
CODICIAL OF DISDUISEMENTS THIS Page (OPHOHAI)				
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 32 OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
II LIVIILLO DIODONOLIVILIVIO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
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or for commercial purposes, other than using the name	e and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	icians Political Action	on Committ	ree
Full Name (Last, First, Middle Initial)		1	
A. TEXANS FOR SENATOR JOHN C	OBNIVNI INIC		Date of Disbursement
TEARING FOR SEINATUR JUHIN C			M M / D D / Y Y Y Y
Mailing Address PO BOX 13026			06 20 2013
•	State Zip Code		Transaction ID : D146417
AUSTIN Purpose of Disbursement	TX 78711		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Cotamani	S
Sen. John Cornyn		Category/ Type	5000.00
	nent For: 2014		
▼ Senate	Primary General		
President	Other (specify) ▼		
State: TX District: 00			
Full Name (Last, First, Middle Initial)			Data of Bishamana
B. TOM PAC			Date of Disbursement
Mailing Address PO BOX 752			06 20 2013
Maining Address PO BOX 752			00 20 2013
City	State Zip Code		Transaction ID : D146427
DES MOINES	IA 50303		11a113a6ti011 ID . D14042/
Purpose of Disbursement Campaign contribution			Amount of Fook Dishursens at this Dail I
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Office Sought: House Disbursen	nent For:	туре	
	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
NA-Thur Address			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
,			
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursen	aont For:	Туре	
	nent For:  Primary General		
	Other (specify)		
State: District:	curer (opcomy)		
SUBTOTAL of Disbursements This Page (optional)			7500.00
TOTAL This Period (last page this line number only)			42000.00